UNITE STATES PATENT & TRADEMAK FFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 2-21-02 2 Serial/Patent # 0193684									
3 Please refund the following fee(s):			PER MBER	5 DATE FILED	6 AMOUNT				
X	Filing			16 AUS	1\$ 95,00				
	Amendment				\$				
	Extension of Time				\$				
	Notice of Appeal/Appeal				\$				
	Petition				\$				
	Issue				\$				
	Cert of Correction/Terminal Disc.				\$				
	Maintenance				\$				
	Assignment	ļ			\$				
	Other			<u> </u>	\$				
		7 TOTAL AMOUNT OF REFUND			\$ 85				
				8 TO BE REFUNDED BY:					
10 REASON:		Treasury Check							
\times	Overpayment		С	redit Dep	osit A/C #:				
	Duplicate Payment		9						
	No Fee Due (Explanation):	L							
X.P	++ Heen A Typegl								
CUE Main Steet									
macifon Newstern 1.08053									
11 REFUND REQUESTED BY: A TOTAL WHILE ()									
TYPI	ED/PRINTED NAME:		TITLE: Jarable						
SIG	NATURE:	PHONE:							
OFFICE:									
THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED: Havey flellyis DATE: 2-21-02									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)

PATENT APPLICATION RECEIVE October 1, 2000

Application or Docket Number

091.913684

(Column 1) (Column 2)					SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS								RATE	FEE	٦	RATE	FEE
FOR			NUMBER	FILED	NUME	BER EXTRA		BASIC FE	1 11111	OR		3 3 6 5
TOTAL CHARGEABLE CLAIMS			1 9 mi	nus 20=				X\$ 9=	10/-	OR		
INDEPENDENT CLAIMS			l m	inus 3 =	•			X40=		7	X80=	STATE OF THE PARTY
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT		•			 		OR		一
• 1	the difference	e in column 1 is	less than z	ero, ente	r "0" in d	column 2	' ;	+135=	7717	OR	+270=	
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	大学情報を という	(Column 1)	(Colur	mn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total		Minus	**	4 5, 5	± .		X\$ 9=		OR	X\$18=	
AME	Independent	ENTATION OF MI	Minus	DENIDENIT	CLAIM	=		X40=		ÓR	X80=	
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ti Vingo V							L	TOTAL			TOTAL	(1000)(100)(100)(100)(100)(100)(100)(10
		(Column 1)		_(Colum	nn 2)	(Column 3)	F	ADDIT. FEE	L	J	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
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		•					L	+135=		OR	+270= TOTAL	
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_		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	-			-		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AME	Independent	*	Minus	***		=		X40=		OR	X80≈	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		H	+135=		^{Un}		
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												